

CITY OF ALVIN  
MUNICIPAL COURT

**APPLICATION FOR INFORMATION**

\_\_\_\_\_  
Date

I, \_\_\_\_\_ request:  
(print name)

that I be provided with a copy of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is being requested under the Common Law Right of Inspection and Access. I understand that the information requested will be provided for review and/or copying within a reasonable period of time if it is approved by the Record Custodian. I also understand that I will be required to pay the applicable fees for all copies that are made upon my request.

\_\_\_\_\_  
Signature

Driver's License # \_\_\_\_\_

\_\_\_\_\_  
Address

Telephone # \_\_\_\_\_

\_\_\_\_\_  
City & State

**MAIL OR FAX THIS FORM WITH A COPY OF YOUR DRIVER'S LICENSE/PHOTO IDENTIFICATION CARD TO:**

**CITY OF ALVIN MUNICIPAL COURT  
216 WEST SEALY ST  
ALVIN, TX 77511**

**(Keep a Copy of this form for your records)**